



# ADULT INFLUENZA VACCINE INVENTORY REPORT FORM

Facility Name

AV PIN

Phone No.

Fax No.

Month & Year

Product	Number of <u>doses</u> at beginning of month	Number of <u>doses</u> received during month	Total <u>doses</u> for month (1+2)	Monthly Vaccine Usage					Number of <u>doses</u> left at end of month (3 - 8)	On-hand inventory of <u>doses</u> (Physical Count)
				Doses administered to <u>eligible</u> * patients	Doses administered to <u>ineligible</u> * patients who paid	Doses transferred	Doses spoiled or expired	Usage (4+5+6+7)		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
10-Dose Vial										
Single-Dose Syringe										
Preservative-Free Single-Dose Syringe (Afluria)										
Intranasal LAIV (Flumist)										
Pneumococcal Polysaccharide Vaccine (PPV23)										
Influenza Vaccine For Uninsured Unable to Pay (Fluarix)										
PPV23 For Uninsured Unable to Pay										

\* Refer to eligibility flow chart

Signature

Date

Explanation of Column (6) and/or (7):

## INSTRUCTIONS FOR COMPLETING THE MONTHLY VACCINE INVENTORY REPORT

THIS REPORT IS DUE BY THE 10TH OF EVERY MONTH.

### USE BLACK INK ONLY. USE WHOLE NUMBERS - NO TICK MARKS

- Column (1) Inventory remaining at end of previous month
- Column (2) Number of doses received during the month from distributor or another practice.
- Column (3) Total of columns (1) and (2). (Automatic calculation if using MS Excel)
- Column (4) Number of doses of state-supplied vaccine administered to eligible patients
- Column (5) Number of doses of state-supplied vaccine administered to ineligible patients who paid
- Column (6) Number of doses transferred to another practice during the order cycle.
- Column (7) Number of doses spoiled or expired during the order cycle.
- DO NOT DISPOSE OF STATE SUPPLIED VACCINE ON SITE, it must be returned to the distributor.**
- Column (8) Sum of columns (4), (5), (6) and (7). (Automatic calculation if using MS Excel)
- Column (9) Difference of columns (3) and (8). (Automatic calculation if using MS Excel)
- Column (10) Physical count of doses on hand at the end of the month.

Fax this report to (401) 222-5734, or e-mail it to [deborah.porrazzo@health.ri.gov](mailto:deborah.porrazzo@health.ri.gov), or mail to:

Rhode Island Department of Health, 3 Capitol Hill, Rm. 302, Providence, RI 02908, ATTN: Deborah Porrazzo (Tel: 401-222-7876)